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To:	Company:	Fax Number:	Tel Number:
Examiner: Charlotte M. Baker	U.S. Patent and Trademark Office	+1.571.273.8300	+1.571.272.7459
Art Unit: 2626			

From: Troy M. Schmelzer	For internal purposes only:
Date: June 13, 2006	Client number: 81800.0178
Time: 12:59 pm	Attorney billing number: 3212
Total number of pages incl. cover page: 15	Confirmation number: +1.213.337.6785 (return to Juanita Soberanis)

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MESSAGE:

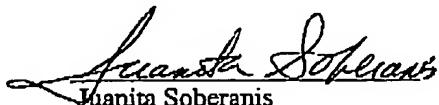
Patent Application No.: 10/053,089; Our Ref. 81800.0178

I hereby certify that the following documents:

- Petition for Extension of Time.
- Request for Continued Examination (RCE).
- Amendment/Amendment Transmittal Letter.

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above-identified application.

June 13, 2006
Date of Deposit


Juanita Soberanis

FORM PTO-1083

Attorney Docket No. 81800.0178
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Masahiro HATASHITA

Serial No. 10/053,089

Filed: January 16, 2002

For: Facsimile Gateway Device

Art Unit: 2626

Examiner: Baker, Charlotte M.

JUN 13 2006

Confirmation No: 5517

Mail Stop: RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- Petition for Extension of Time.
 Request for Continued Examination (RCE).
 Amendment.

I hereby certify that this correspondence
 is being transmitted via facsimile to
 (571) 273-8300:

Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450, on
 June 13, 2006

Date of Deposit

Juanita Soberanis

Name

 5/13/2006
 Signature Date

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	**	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	9	-	3	***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS								
LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180								
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)								
\$250 FOR EACH ADDITIONAL 50 SHEETS								
Independent Claims: 1, 10 and 18								
TOTAL \$ 0								

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge the amount of \$____ to cover the additional claims fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- Please charge the amount of \$____ to cover the extension fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge \$790 for the RCE and \$120 for the extension and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:


 Troy M. Schmelzer
 Registration No. 36,667
 Attorney for Applicant(s)

Date: June 13, 2006

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